Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10662209

| (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|---|--|---|--------------------------------|-------------------------------|------------------------------|---|----|--------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS | | | 35 | | 100.0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Г | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMB | ER EXTRA | В | ASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | | | 35 minus 20= | | * \5 | | ľ | X\$ 9= | 135 | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 5 minus 3 = | | * 2 | | t | X42= | 84. | OR | X84= | |
| MU | LTIPLE DEPEN | DENT CLAIM PR | RESENT | | | | r | +140= | 0 - | OR | +280= | |
| * If | the difference | in column 1 is | less than zero, enter "0" in o | | | olumn 2 | L | TOTAL | 594 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | ! | Q-1-1 | 1 | OTHER | THAN |
| (Column 1) | | | (Column HIGHES | | | (Column 3) | | SMALL E | ENTITY | OR | SMALL | ENTITY |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | 5 01 414 | = | | X42= | | OR | X84= | |
| <u> </u> | FIRST PRESE | NTATION OF MI | ULTIPLE DEF | ENDEN | CLAIM | | ſ | +140= | | OR | +280= | |
| | | | | | | | L | TOTAL | | | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | AL | ODIT. FEE | | | ADDII. FEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | IEST BER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | 5 OL AUA | = | | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +140= | | OR | +280= | |
| | | | | | | | | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | • | , | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X42= | | OR | X84= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | _ | OR | +280= | |
| ** | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." Total ADDIT. FEE ***If the "Highest Number Previously Paid For" (Intelled For Intelled For Intell | | | | | | | | | | | |